

## HEALTH ENTITIES

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 REQUIRED FILINGS IN THE STATE OF: **Maine** Filings Made During the Year 2004

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE  <i>Postmarked</i>	(6) FORM SOURCE* *	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 ½"X14")	3	1	2	3/1	NAIC	G, J
	1.1	Printed Investment Schedule detail (Pages E01-E26)	3	1	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	2	1	2	5/15, 8/15, 11/15	NAIC	G, J
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Actuarial Opinion	3	1	2	3/1	Company	
	11	Investment Risk Interrogatories	3	1	2	4/1	NAIC	
	12	Life Supplement	0	1	0	3/1	NAIC	
	13	Long-term Care Experience Reporting Forms	3	1	XXX	4/1	NAIC	
	14	Management Discussion & Analysis	3	1	2	4/1	Company	
	15	Medicare Supplement Insurance Experience Exhibit	3	1	XXX	3/1	NAIC	
	16	Property/Casualty Supplement	0	1	0	3/1	NAIC	
	17	Risk-Based Capital Report	1	1	1	3/1	NAIC	
	18	Supplemental Compensation Exhibit <sup>1</sup>	1	N/A	N/A	3/1	NAIC	O
	19	SVO Compliance Certification	3	1	2	3/1, 5/15, 8/15, 11/15	NAIC	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	30	Annual Statement Electronic Filing	XXX	1	XXX	3/1	NAIC	
	31	March .PDF Filing	XXX	1	XXX	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	XXX	1	N/A	3/1	NAIC	
	33	Supplemental Electronic Filing	XXX	1	XXX	4/1	NAIC	
	34	Supplemental .PDF Filing	XXX	1	XXX	4/1	NAIC	
	35	June .PDF Filing	XXX	1	XXX	6/1	NAIC	
	36	Quarterly Electronic Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	
	37	Quarterly .PDF Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	51	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	
	52	Audited Financial Statements	1	1		6/1	Company	
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	
	54	Independent CPA	1	N/A	N/A	6/1	Company	
	55	Notification of Adverse Financial Condition	1	N/A	N/A	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	6/1	Company	
	57	Request for Exemption to File	1	N/A	N/A	6/1	Company	

<sup>1</sup> The Supplemental Compensation Exhibit is no longer considered confidential and will be made available to the public. This exhibit must be filed with the annual statement.

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

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V. STATE REQUIRED FILINGS								
	101	Filings Checklist (with Column 1 completed)	1	1	1	3/1	State	
	102	State Filing Fees	1	0	1	3/1	State	C, O
	103	Affidavit of Filing	0	0	0		State	
	104	Certificate of Compliance	1	0	1	3/1	Company	
	105	Certificate of Deposit	1	0	1	3/1	Company	
	106	State Page for Maine	3	0	1	3/1	Company	
	107	State Specific Enrollment Data for Maine	3	0	2	3/1	Company	
	108	See Add'l HMO Requirements on our Website	1	0	1	3/1	Company	O
	109	Premium Tax	1	0	1	3/1	State	D, O
	110	Advertising Certificate	1	0	1	3/1	Company	M, O, P
	111	Downstream Risk Arrangement Disclosure	1	0	0	4/1	Company	M, O, P
	112	Health Report Card Survey	1	0	1	3/1	State	M, O, P
	113	Health Insurance Annual Data Report (Rule 940)	1	0	1	4/1	State	M, O, P

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